Washington State Health Care Authority
Prescription Drug Program
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Minutes of the March 17, 2004 P&T Meeting
[Approved by the committee June 16, 2004]

Committee Attendance:
Daniel Lessler, M.D. (Chair)
Carol Cordy, M.D. (Vice Chair)
Robert Bray, M.D.
T. Vyn Reese, M.D.
Angelo Ballasiotes, PharmD.
Alvin Goo, PharmD.
Jason Iltz, PharmD.
Janet Kelly, PharmD.
John White, PA, PharmD
Patty Varley, ARNP

Quorum was shown for all Pharmacy & Therapeutics Committee motions, 2nd's, and votes.

9:00 a.m. - Committee came to order.

- Review of changes to December 17th, 2003 P&T Committee meeting minutes.

  Motion: [Iltz] To accept the meeting minutes with the addition of "(non-lvd)" on pg 2 of December 17th P&T Meeting Minutes.
  2nd : Yes
  Vote: Unanimous; Yea

Oral Hypoglycemics:

- Mark Helfand M.D. with the Oregon Health and Sciences University gave a complete update review of Oral Hypoglycemics along w/ Marian McDonough, PharmD. (via phone conference).
- T. Vyn Reese, M.D. commented on his concerns regarding renal insufficiency versus hepatic insufficiency. Noting that glyburide and glipizide are metabolized differently.
- Anath Shenoy for Norvartis commented on nateglinide. Noting no drug interaction, no severe hypoglycemia, and low weight gain.
- Mark Helfand, M.D. for the Oregon Health and Sciences University stated that there was no new information on complications.

  Motion: [Kelly] No change to the prior recommendation to the sulfonylureas. They are equal in safety and efficacy.
  2nd : No
  Vote: N/A

  Motion: [Lessler] Chlorpropamide, tolazamide, tolbutamide, glimepiride, glipizide, glyburide, micronized glyburide, nateglinide, and repaglinide are equally efficacious allowing that differences in safety depending on subgroup or population, making sure to address renal function.
  2nd : No
  Vote: N/A

Motion: [Lessler] Chlorpropamide, tolazamide, tolbutamide, glimepiride, glipizide, glyburide, micronized glyburide, nateglinide, repaglinide are all efficacious. Showing that hepatically metabolized agents be available on the formulary (PDL) to address clinical needs of sub populations of patients.
2nd : No
Vote: N/A

Motion: [Lessler] Chlorpropamide, tolazamide, tolbutamide, glimepiride, glipizide, glyburide, micronized glyburide, nateglinide, repaglinide are efficacious in the treatment of Type II Diabetes. A hepatically metabolized drug with inactive metabolites needs to be on the preferred drug list for those patients with renal insufficiency.
2nd : Yes
Vote: Unanimous; Yea

Triptans:

- A complete update review of Triptans was given by Mark Helfand M.D. with the Oregon Health and Sciences University w/ Marian McDonough, PharmD. (via phone conference).
- Sheena Aurora with the Swedish Medical Center for Pfizer commented on differences in studies comparing encapsulation versus non-encapsulation..
- Mark Helfand, M.D. with the Oregon Health and Sciences University commented on encapsulation studies noting that he had not seen the data and requested to have it sent to him.
- Patrick Hogan, D.O. commented on the need for accessibility to these drugs for patients.
- Dr. Doogle noted that the use of encapsulation studies was required by the FDA during trials.
- Gina Lee with Glaxo Smith Kline presented information on a new rapid release tablet from GSK.

Motion: [Reese] Almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, and zolmitriptan are safe and efficacious for the treatment of migraine.
2nd : Yes
Vote: N/A

Motion: [Reese] Almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, and zolmitriptan are safe and efficacious with out regard to special populations.
2nd : Yes
Vote: Unanimous; Yea

Urinary Incontinence

- Marian McDonough, PharmD., reviewed slides on Urinary Incontinence. (via phone conference)
- Steve Settler with the Washington State University representing Pfizer commented on Immediate Release oxybutynin referencing Biers Criteria in the Archives of Internal Medicine 2003 and the 2004 Omnicare Pharmaceutical Care Guidelines.
- William Sachock with Ortho Pharmaceuticals commented on the specific criteria used in the Biers study.

Motion: [Bray] Tolteradine and oxybutynin are found to be safe and efficacious in treatment of Irritable Bladder with out regard to special population.
2nd : Yes
Vote: Unanimous; Yea

Skeletal Muscle Relaxants

× Roger Chou, M.D. with the Oregon Health and Sciences University gave a review of Skeletal Muscle Relaxant's (via phone conference)

Motion: [White] The committee finds that carisoprodol is a medication that is subject to abuse and therefore its use is not recommended.
2nd : Yes
Vote: Unanimous; Yea

Motion: [Bray] The committee recommends that for the indication of spasticity that tizanidine and baclofen be consider safe and efficacious.
2nd : Yes
Vote: Unanimous; Yea

Motion: [Bray] The committee recommends for the indication of Muscular Skeletal indications that the following be considered safe and efficacious; methocarbamol, cyclobenzaprine, metaxalone, and orphenadrine.
2nd : Yes
Vote: Unanimous; Yea

Conflict of Interest

× Brian Malarky, Executive Director of Executive Ethics Board gave presentation on Ethics.

Open Discussion
Review of Therapeutic Interchange and dosage conversion

× Steve Riddle gave a presentation on drug and dosage conversion charts.

2:15 p.m. - Pharmacy & Therapeutics Committee Adjourned

DUR Board Meeting Minutes
March 17, 2004

WASHINGTON STATE PHARMACY AND THERAPEUTICS COMMITTEE MEETING
Regular Meeting
Holiday Inn SeaTac

2:30 pm – 4:00 pm

Council Members Attending: Robert Bray, MD; Carol Cordy, MD; Dan Lessler, MD; T. Vyn Reese, MD; Angelo Ballasiotes, Pharm D; Alvin Goo, Pharm D; Jason Iltz, Pharm D; Janet Kelly, Pharm D; John White, Pharm D, PA; and Patti Varley, ARNP.

Medical Assistance Administration, Coordinating Staff and Guests: Jeff Thompson, MD, MAA Chief Medical Officer; Joan Baumgartner, MD, MAA Medical Consultant; Siri Childs, Pharm D, MAA Pharmacy Program Manager; Nicole Nguyen, Pharm D, MAA Clinical Pharmacist; Cheryl Strange, DDD Mental Health Program Manager; Asha Singh, MD, DDD Superintendent Fircrest RHC.

Observers: Jay Jennings, Sanofi-Synthelabo; Roger Westensee, Bristol-Myers Squibb; Robin McIlvaine, Mental Health Division, DSHS.

I. ADMINISTRATIVE ITEMS

The meeting was brought to order by Chairman, Dan Lessler, MD.

The December 17, 2003 DUR Board meeting minutes were approved.

II. DEVELOPMENTAL DISABILITY PATIENT MENTAL HEALTH DRUG MONITORING

Cheryl Strange and Dr. Asha Singh, from the Division of Developmental Disabilities, provided the background for this review. The Department of Social and Health Services (DSHS) currently has a class action lawsuit filed by the Washington Protection and Advocacy System (WPAS) on behalf of clients with developmental disability and mental health disorders in a Stay of Proceedings. As part of the Settlement Agreement, the Allen Monitoring Committee was created. A psychiatrist on this committee has recommended that the state adopt the Monitoring and Side Effects Scale (MOSES). MOSES is a tool for assessing for side effects of psychoactive and antiepileptic medications that was published in 1988 and updated in 1999. Currently the states of Virginia, South Carolina, and Illinois use MOSES. In these states MOSES is being used primarily in state institutions. This tool takes about 10 to 15 minutes to use. A baseline assessment should be done and then it is recommended to use MOSES every 6 months or when a new psychoactive medication is being introduced. It is also recommended that a healthcare provider rather than a lay person should assess the patient with MOSES. Healthcare providers must still do other monitoring in addition to the MOSES such as laboratory tests. Healthcare providers must also determine if a symptom is due to a medication side effect or due to a disease process.

There is no requirement in Washington State to implement a side effect monitoring tool such as MOSES. The goal is for individuals with developmental disabilities with co-occurring mental disorders to be monitored for side effects of the psychoactive and antiepileptic medications. The Division of Developmental Disabilities is trying to encourage the use of MOSES in community-care settings. Of the 35 developmental disability clients that have been randomly selected and monitored for case review by the Allen Monitoring Committee, 32 have failed to pass the review. The 3 that passed had used the MOSES.

Individuals with developmental disabilities are at risk due to the fact that many are considered to be poor informants and they rely on their caregiver to provide information on side effects/symptom change to prescribers. In addition, there is often a high turn over of caregivers, which makes the tracking of changes difficult. As a result some side effects go undetected. Mental illness occurs at a higher incidence in developmental disability clients compared to the generic population.

DDD is not aware of any specific outcome studies on the MOSES. All DDD Residential Habilitation Centers (DDD institutions) use the MOSES in combination of the AIMS or DISCUS.

MAA has offered the Intensive Benefit Management and Therapeutic Academic Service that is part of the Therapeutic Consultation Service to educate the physicians who treat individuals with developmental disabilities on psychoactive and antiepileptic medications regarding the monitoring for side effects. A drug utilization for other outcomes of drugs could be done such as blood sugar monitoring for patients on atypical antipsychotics.

III. DRUG UTILIZATION REVIEW

Data was presented on the 17,122 adult disability clients in Medicaid. There were 5345, or 31.2% that were on a psychoactive drug or antiepileptic. 1857 were on 3 psychoactive drugs, and 976 were on 3 psychoactive drugs and an anticonvulsant.

IV. MANUFACTURER'S PRESENTATIONS

None

V. STAKEHOLDER'S PRESENTATIONS

None

VI. RECOMMENDATIONS OF THE COUNCIL

The P & T committee recommended that MAA and DDD design an educational interaction with the top prescribers of DD clients on psychoactive and/or anti-epileptic drugs rather than endorse a specific tool for assessing adverse effects.

ADJOURNMENT

The meeting adjourned at 4:00 pm